



Future Member Reservation Agreement

Names (all) _____

Address _____

City/State/Zip (local) _____

Email address _____

Phone (local land line) _____

Phone (cell phone) _____

Other Address (when?) _____

Other City/State/Zip _____

Unit Type Preference: The following gives us a general idea of the type of units in which you're interested. No assurances or guarantees are provided. Please list types of units you prefer:

Unit Type	Bedrooms/Baths	Share Price	Monthly Fee	Notes about your preferences

Please designate which open units we should call you about:

_____ Call about all units _____ Call about 1BR Units/smaller 2BR units _____ Call about larger 2 BR Units

How did you originally hear about our community?

_____ Referral/who _____ Drive by _____ Open House
 _____ Ad/where _____ Mailing _____ Other _____

Pets: There are restrictions regarding pets living in our smoke-free cooperative. Describe the type, number and size of pet who will live with you (if none, indicate N/A): _____

The Reservation List ("List") Agreement: I/we hereby deposit \$500.00 on _____, 20____, to be listed in line for unit selection and membership application in the Cooperative. I/we understand: (i) that all sale procedures and prices are determined by the Cooperative's Bylaws and Occupancy Agreement, which supersedes the List; (ii) the Cooperative and its managers (collectively the "Cooperative") keep the List and provide potential buyers' names in the listed order to those members wishing to sell; (iii) the Cooperative itself does not sell to persons on the List or negotiate terms of sale; (iv) the selling member may not be required to follow the List; and (v) the Cooperative keeps the List for its members and only acts to facilitate the closing between the seller and purchaser. I/we understand the Cooperative may remove name(s) on the List for any reason or I/we may remove our name(s) from the List, and in either case, the deposit will be fully refundable; (vi) there will be no interest paid on this deposit.

Signature:	Date:
Signature:	Date:
Signature:	Date:

Received by: _____ Date: _____

Please make check payable to: Prairie Gardens Cooperative and send it with this completed form to:
 Prairie Gardens Cooperative 3550 Stone Creek Circle SW, Cedar Rapids, IA 52404